**5th Grade Finale**

**Friday, June 3rd**

**Schedule**

* **Leave school:**  9:50
* **Arrive at Sky Zone and check-in:** 10:10 - 10:30
* **Jump time:**  10:30-11:30
* **Eat and play at upper Tuthill Park:**  11:45 – 2:20
* **Arrive back at school:** 2:30

**What To Wear**

* Athletic clothes, socks, and tennis shoes

**What to Bring**

* Sack lunch with drink – We will be eating at the park.
* Sky Zone socks - If you do not own a pair, you will receive them upon your arrival at Sky Zone.

**Important Sky Zone Information**

* Each child will need a Sky Zone parent waiver in order to jump. **Waivers are only good for one year and do expire. Please do not assume your jumper’s waiver is still valid.**
* Waivers are to be submitted electronically at [www.skyzone.com/siouxfalls](http://www.skyzone.com/siouxfalls).
* If you are unable to fill out a waiver electronically at home, please contact your child’s teacher to make arrangements to complete the waiver at school.
* **If your child does not have a signed waiver, he or she will not be able to jump.**

**Complete the bottom portion by initialing each item (as applicable), and return it to school by Friday, May 20. --------------------------------------------------------**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have completed my child’s electronic waiver for Sky Zone \_\_\_\_\_\_\_\_\_

I have included the $4.00 fee for admission to Sky Zone\_\_\_\_\_\_\_\_\_\_

I have included the $2.00 fee for Sky Zone socks\_\_\_\_\_\_\_ **OR** My child has Sky Zone socks and will bring them \_\_\_\_\_

I understand my child needs to bring a sack lunch and drink \_\_\_\_\_\_\_

I plan to attend the day’s events with my child \_\_\_\_\_\_\_\_

I am able to drive a group of students to each of our destinations (Sky Zone and Tuthill Park).\_\_\_\_\_\_\_\_\_\_

* I have \_\_\_\_\_\_\_ seat belts available for children in my vehicle. \_\_\_\_\_\_\_\_\_\_
* I have completed the SFSD Volunteer Application and Online Background Check\_\_\_\_\_\_\_\_
* I have turned in a copy of my driver’s license and car insurance to the office.\_\_\_\_\_\_\_\_
* Driver’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_